

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040841

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

144

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 31 1963

1. PLACE OF DEATH

a. COUNTY

Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Perryville

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Perry

c. CITY OR TOWN

Perryville

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

Perry County Memorial Hospital

Inside Limits

d. STREET ADDRESS (If outside, give location)

R.2.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

Clemens

Hugo

Buchheit

4. DATE OF DEATH

Month

Day

Year

Oct. 23, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 3, 1903

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

Hours

Min

IF UNDER 24 H

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Perry County, Mo., U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Anton Buchheit

13b. MOTHER'S MAIDEN NAME

Mary Meyer

14. NAME OF HUSBAND OR WIFE

Luella Buchheit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Perryville, Mo., R.2.

Mrs. Luella Buchheit

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

3 yrs

DUE TO (c)

Generalized Arteriosclerosis

4 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cancer with Metastases - Primary Unknown

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1961

to 10/23/63

and last saw him alive on

10/23/63

Death occurred at

5:00 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

G. E. McDermott, M.D.

22b. ADDRESS

12 So. JACKSON ST. Perryville, Mo.

22c. DATE SIGNED

10/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-25-63

23c. NAME OF CEMETERY OR CREMATORY

Catholic Cemetery

23d. LOCATION (City, town, or county)

Schnurbusch, Mo.

(State)

24. FUNERAL DIRECTOR'S ADDRESS

Albert Bey, Perryville, Mo.

25. DATE RECD. BY LOCAL REG.

10-25-63

26. REGISTRAR'S SIGNATURE

Joe J. Zoellner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10995

20790

3

4 O

5 1

6

7 D

8 2

94200H

10

11

12 1-0

13 1-0

8961 9 AON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Albert Bey, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3866

P. O. Rayville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.